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# VOLUNTEER APPLICATION

## Hampton Health Department Volunteer Services Program

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Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Contact in Emergency \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### I. Skills and Interests

Current Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**EMPLOYMENT HISTORY:** Starting with the most recent, describe all paid, military, and applicable volunteer experience. If you have a current resume, you may attach it and skip this section.

Employer

Job Title

Job Responsibilities

A. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

Special Qualifications and Skills (e.g. special equipment you can operate): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Availability** (At what times are you interested in volunteering?)

\_\_\_Flexible                      \_\_\_Evenings                      \_\_\_Weekends                      \_\_\_Weekdays

\_\_\_Monday                      from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_Tuesday                      from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_Wednesday                      from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_Thursday                      from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_Friday                      from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_There are times during the week that I cannot do volunteer work. Those times are \_\_\_\_\_

\_\_\_\_\_

**III. Personal Data**

A. Do you possess a valid driver's license? Yes\_\_\_ No\_\_\_ If yes, what state?\_\_\_\_\_

\_\_\_\_\_

B. Have you ever worked or volunteered for the City of Hampton or Hampton Health Department? Yes\_\_\_ No\_\_\_ If yes, what department?\_\_\_\_\_ When \_\_\_\_\_

C. Do you have any disability or physical condition which should be taken into consideration when assigning you work? No\_\_\_ Yes\_\_\_ If yes, please specify. (A disability will not prevent you from volunteering, if you are able to perform the duties of the job.) \_\_\_\_\_

D. Have you ever been convicted as an adult of a misdemeanor or felony, including all traffic violations? No\_\_\_ Yes\_\_\_ If yes, please specify. (A conviction does not automatically mean that you will not be hired.) \_\_\_\_\_

\_\_\_\_\_

**IV. References** (List three individuals who can provide information regarding your skills and abilities.)

A. Name\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

B. Name\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

C. Name\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

**V. I want to volunteer because.....**

Reasons you'd like to become a volunteer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our volunteer program?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that it is my responsibility to share client information only with staff involved in the case, to keep all case information confidential, and to report any information which may affect the client's health and/or eligibility to my supervisor or the client's doctor.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

HHD00